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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13849

**Title:** Lower gastrointestinal bleeding: role of 64-CT angiography in diagnosis and therapeutic planning

**Reviewer code:** 00040631

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 17:01

**Date reviewed:** 2014-10-17 15:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

dear Authors, please find enclosed my review of the angiography paper, which, to me, may be accepted for publication after the correction of minor mistakes best wishes Mario Pescatori md frcs  
ebsq



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13849

**Title:** Lower gastrointestinal bleeding: role of 64-CT angiography in diagnosis and therapeutic planning

**Reviewer code:** 00071521

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 17:01

**Date reviewed:** 2014-10-23 23:50

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This is an original article on the impact of CT angiography in diagnosis and pretreatment planning of lower GI bleeding. The study is well designed, the text is concise. The acronyms should be specified. For example: AVM (arteriovenous malformation). The following sentence should be checked in "Treatment planning with 64-row CTA": A lower GI bleeding was considered suitable for conservative treatment when the patient had no lower GI bleeding. The following sentence should be checked in "Results": Thus, overall patient based accuracy of 64-row CT in the detection of acute GI bleeding was 88,5 % (23 of 26). In figure 1A,C and D the arrows indicated in figure legend are not reported in figures. bleeding.



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## ESPS PEER REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 13849

**Title:** Lower gastrointestinal bleeding: role of 64-CT angiography in diagnosis and therapeutic planning

**Reviewer code:** 00068702

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2014-09-04 17:01

**Date reviewed:** 2014-09-22 22:44

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This manuscript proved that CTA was sensitive in detecting active lower GI bleeding and efficient in treatment decision. But the authors failed to include those patients, whose CTA was negative or positive without receiving endovascular or surgical treatment at the same duration. I think the author should include these patients to determine performance of CTA in diagnosis and treatment decision.